

Visa Request Form

COUNTRY:				
DATE:	DATE OF TRAVEL: (NEEDED By)			
TRAVELER'S NAME	NATIONALITY	PHONE #		
DELIVERY ADDRESS				
TRAVELER'S COMPANY NAME (if applicable)	/ EXE	CUTIVE ASSISTAN	T	
E-mail	PHONE#			
Project # (if applicable	_ COST # (if app	licable)		
	DISCLAIMER			
Sam's Passport Inc., will not be held liable for any eve consulate delay or overnight shipping delay by a third pathe visa is approved, denied or delayed. Please keep in mi	arty. Sam's service fees, no	or the consular fees; veign government, not	will not be refunded in the event t	that
Please sign here if you have fully read and accepto	ed the terms of the disclain	ner and are ready to	process your visa application.	
Applicant's Signatu	ıre			
<u>VISA SERVICES</u>				
VISA TYPE REQUIRED: TOURIST BUSINESS	WORK EMPLO	YMENT		
NUMBER OF ENTRIES REQUIRED: SINGLE	MULTIPLE			
VISA SERVICE TYPE: REGULAR RUSH	EMERGENCY			
RETURN POSTAGE – FedEx Overnight				
Priority Delivery = \$30.00 First Overnight = \$75.00	Saturday Fedex = \$45.00) International Fe	edex = \$100.00	
<u>Total Payment = Vi</u> <u>METHOD OF PAYMENT</u>	isa Fee + Sam's Service Fee	e+ Shipping Postage		
TYPE OF CARDCREDIT CARD NUMBER			EXP DATE	
FULL Billing Address				
CVV# (The last three numbers on the	e back of card for most car	rds and the four digit	ts on top of American Express Ca	rds)
NAME ON CREDIT CARD	SIGNATURE	;	(OF CARD HOLDER)	